MAXIMUS Federal Services

Case Number:	CM13-0019257		
Date Assigned:	12/04/2013	Date of Injury:	02/04/2013
Decision Date:	02/04/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee, who has filed a claim for bilateral hand pain and carpal tunnel syndrome reportedly associated with an industrial injury of February 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; electrodiagnostic testing of April 19, 2013, consistent with bilateral carpal tunnel syndrome; left carpal tunnel release surgery; and unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report of August 22, 2013, the claims administrator apparently denied a request for an H-wave home care system. A clinical progress note of November 12, 2013 is notable for comments that the applicant is off of work, on total temporary disability, and now has minimal complaints of left hand and wrist pain status post prior carpal tunnel release surgery. Vendor report of November 5, 2013 is notable for comments that the applicant has tried physical therapy and medications prior to using an H-wave homecare system. On a vendor form, the applicant and vendor apparently seek purchase of an H-wave system.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

H-wave home unit for the bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-wave homecare systems are, at best, tepidly recommended as a Fourth Line treatment in those applicant with chronic soft tissue inflammation and/or diabetic neuropathic pain that have proven recalcitrant to first-line analgesic medications; home exercises, physical therapy, AND a conventional TENS unit. In this case, however, there is no indication that the applicant has tried and/or failed conventional TENS unit. It is further noted that the applicant appears intent on pursuing other recommended treatments, including a right carpal tunnel release surgery, which is apparently pending. Usage of an H-wave device is not indicated in this context as there is no evidence that the applicant has failed the precursor treatments. Therefore, the request is not certified, on Independent Medical Review.